FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| | 17/ |
|----------------|--------------|
| OMB AP | PROVAĹ |
| OMB Number: | 3235-0076 |
| Expires: | May 31, 2005 |
| Estimated aver | |

hours per response

| SEC USE ONLY | | | | | | | |
|--------------|----------|--------|--|--|--|--|--|
| Prefix | | Serial | | | | | |
| DAT | E RECEIV | ΈD | | | | | |

| | CHIFORM EIMITED OFFERINGE | | |
|--|---|---|--------------------------|
| | is is an amendment and name has changed, and ir | ndicate change.) | |
| Kitty Hawk Investment Partne | ers, L.PPartnership Interests | | |
| Filing Under (Check box(es) that | apply): 🗌 Rule 504 🖺 Rule 505 🖾 Rule 506 | 6 □ Section 4(6) □ U | JLOE |
| Type of Filing: | ☑ Amendment | | |
| The state of the state of the | A. BASIC IDENTIFICATION DA | ATA | |
| 1. Enter the information requested | about the issuer | | |
| Name of Issuer (check if this Kitty Hawk Investment Partners | is an amendment and name has changed, and indiers L.P. | cate change.) | |
| Address of Executive Offices 441 Lexington Avenue, Suite 12 | (Number and Street, City, State, Zip Co. 20, New York, NY 10017 | de) Telephone Number (212) 983-5822 | 144 |
| Address of Principal Business Ope (if different from Executive Office | erations (Number and Street, City, State, Zip Coes) Same as above. | de) Telephone Number (1 Same as above. | Heliuming researces, |
| Brief Description of Business: Investing and trading in securiti | ies. 2 | PROCESSE | :D |
| | | AIDV 1 2 2000 | |
| Type of Business Organization ☐ corporation | ☑ limited partnership, already formed | THOMSON. | cify): limited liability |
| ☐ business trust | ☐ limited partnership, to be formed | - FINANCIA E | company |
| Actual or Estimated Date of Incor Jurisdiction of Incorporation or O | Month Year 0 6 9 9 poration or Organization: rganization: (Enter two-letter U.S. Postal Service CN for Canada; FN for other foreign | ☐ | timated |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC DENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☑ General and/or Managing Partner |
|-----------------------------|----------------|----------------------------|---------------------|---------------------------------------|--------------------------------------|
| Full Name (Last name first, | if individual) | | | | |
| Kitty Hawk Management | t, L.L.C. | | | | |
| Business or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | |
| 441 Lexington Avenue, | Suite 1220, No | ew York, NY 10017 | | | |
| Check Box (es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | , Year | | | |
| Mossavar-Rahmani, Bal | ıman 🦾 🕆 | and several relations | | • | |
| Business or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | |
| 441 Lexington Avenue, | Suite 1220, No | w York, NY 10017 | • | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Granmayeh, Ali | | | | | |
| Business or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | |
| 441 Lexington Avenue, | Suite 1220, No | w York, NY 10017 | | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | | | \$ 1 m | , , , , , , , , , , , , , , , , , , , | |
| Business or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | a á t. |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| | | | | | |
| Business or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Business or Residence Addr | | d Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: | | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner |
| Full Name (Last name first, | if individual) | | | | |
| Rusiness or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | |

| | | TWO. | 和常學心 | ≗B. INF | ORMAT | ION ABO | UT OFF | ERING | 14 6, | | 1. 3. | , |
|-----------------------------------|---|---|--|--|---|-------------------------|---|---|---------------------------------------|---|-------------------------|-----------------------------------|
| | | | | | | | | | | | | Yes No |
| 1. Has the | e issuer so | ld, or does | | | | | | | _ | | | |
| | | | | | • • | ix, Columi | | _ | | | | |
| 2. What i | | | | | | om any in | dividual?. | • | | | | \$250,000* |
| 3. Does tl | Suc he offering | pject to wa permit in | tiver of Ge | eneral Part Ship of a s | ner. ingle unit? | ? | | | | | | Yes No ⊠ □ |
| | he informa | | | | | | | | | | | |
| sion or to be list list the | similar rer sted is an a name of the er, you may | nuneration associated ne broker o | for solicit person or or dealer. | ation of pu agent of a If more the | rchasers in broker or an five (5) | n connection dealer reg | on with sal gistered with be be listed | es of secur | rities in the C and/or v | offering. with a state | If a perso or state: | n s, |
| Full Name (| Last name | first, if in | dividual) | • | | | | | | | | |
| None | | | | | | | | | | | | |
| Business or | Residence | Address (| (Number a | nd Street, | City, Stat | e, Zip Cod | le) | | | | | |
| Name of As | sociated B | roker or E | Dealer | | | | | | | | | |
| None | | • | | | | | | | | | | |
| States in Wh | | | | | | | sers | | | | | _ |
| (Check "A | | | | • | | | | | | | | ☐ All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (| Last name | first, if in | dividual) | | | | | | | | | |
| Business or | Residence | Address | (Number a | nd Street, | City, Stat | e, Zip Coo | le) | | | | | |
| Name of As | sociated B | roker or D | Dealer | ···· | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| States in Wi | | | | | | | | | | | | |
| (Check "A | | | | • | | | | | | | | ☐ All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [XX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Full Name (| Last name | first, if in | dividual) | | | | | | | | | |
| Business or | Residence | Address | (Number a | and Street, | City, Stat | e, Zip Coo | le) | | | | | · · · · · · · · · · · · · · · · · |
| Name of As | sociated B | roker or E | Dealer | | | | | | - | | | |
| | | | | | | | <u> </u> | | | | | |
| States in Wi (Check "A | | | | | | | | | ••••• | *************************************** | ••••• | ☐ All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [lA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | (NM) | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [81] | (SC) | (SD) | ITNI | ITXI | ודנוז | ſΥTΊ | (VA) | [WA] | rwvi | rwn | IWYI | [PR] |

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt Equity ☐ Common ☐ Preferred Partnership Interests \$1,000,000,000 \$14,107,981 Other (Specify___ Total \$1,000,000,000 \$14,107,981 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors Accredited Investors \$14.107.981 30.... Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505 \$ Regulation A ______ Rule 504 Furnish a statement of all expenses in connection with the issuance and distribution of the 4. securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) Blue Sky Filing fees Total 4 of 8

COFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | b. Enter the difference between the aggregate offering price given in response to Part C -Q | ues- | |
|------|--|---|-----------------------|
| | tion 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer." | the | \$1,000,000,000 |
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must end the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b about 10 percentages. | h an qual ve. Payments to | |
| | | Officers, Directors, & Affiliates | Payments To Others |
| | Salaries and fees. | □ \$ | □\$ |
| | Purchase of real estate | _ | □\$ |
| | Purchase, rental or leasing and installation of machinery and equipment | <u> </u> | □ \$ |
| | Construction or leasing of plant buildings and facilities | □ \$ | □\$ |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another | _ | |
| | issuer pursuant to a merger) | <u> </u> | □s |
| | Repayment of indebtedness | □ <u>\$</u> | |
| | Working capital | □ <u>\$</u> | □s |
| | Other (specify): Investment in securities | □ \$ | ⊠210000000000 |
| | | □ s | □s |
| | Column Totals | □ \$ | □s |
| | Total Payments Listed (column totals added) | ⊠\$ 1,0 | 00,000,000 |
| | D. FEDERAL SIGNATURE | | |
| foll | e issuer has duly caused this notice to be signed by the undersigned duly authorized person. I owing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and est of its staff, the information furnished by the issuer to any non-accredited investor pursuant | Exchange Commiss: | ion, upon written re- |
| | uer (Print or Type) Signature | Date Octob | er 30 , 2007 |
| | ty Hawk Investment Partners, L.P. Title of Signer (Print or Type) Title of Signer (Print or Type) | | |
| | Granmayeh Principal of United American Secuirites Hawk Management, L.L.C. its General | | ember of Kitty |

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|-----|--|-------------|---------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? See Appendix, Column 5, for state response. | Yes □ | No ⊠ |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed Form D (17 CFR 239.500) at such times as required by state law. | , a noti | ce on |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnissuer to offerees. | ished l | y the |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the of this exemption has the burden of establishing that these conditions have been satisfied. | | |
| | issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its be ersigned duly authorized person. | ehalf b | y the |
| | v Hawk Investment Partners, L.P. Signature October | 2 ,2 | 007 |
| Van | ne of Signer (Print or Type) Granmayeh Title of Signer (Print or Type) Principal of United American Secuirites, Inc., Managing Member of Hawk Management, L.L.C. its General Partner | of Kitty | , |

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| 1 | 2 | | 3 | 4 | | | | | 5 | | |
|-------|----------|---|---|---------------------------------------|-------------|--|---------------------------------------|-----|---|--|--|
| : | to non-a | to sell ccredited s in State -Item1) | Type of security and aggregate offering price offered in State (Part C-Item1) | | | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| AL | | | | | | | | | | | |
| AK | | | • | | | | | | | | |
| AZ | | х | LP Interests | 1 | \$3,825,000 | | | | х | | |
| AR | | | | | | | | - | | | |
| CA | | х | LP Interests | 2 | \$900,000 | | | | | | |
| СО | | | | | | | | | | | |
| СТ | | х | LP Interests | 9 | \$3,213,500 | | | | Х | | |
| DE | | | | | | | | | | | |
| DC | | | | | | | | | | | |
| FL | | | | | | | | | | | |
| GA | | х | LP Interests | 4 | \$920,000 | | | | X | | |
| ні | <u></u> | | | | | | | | | | |
| ID | | | | | | | - | | | | |
| IL | | | | | | | | | | | |
| IN | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| IA | | | | | | | | | | | |
| KS | | | | | | | | | | | |
| KY | <u> </u> | | | | | | | | | | |
| LA | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| ME | <u> </u> | | | | | | | | | | |
| MD | <u> </u> | | | | | | | | | | |
| MA | | | | | | | | | | | |
| MI | | | | | | | | | | | |
| MN | <u> </u> | | | | | | | | | | |
| MS | <u> </u> | | | | | | | | | | |
| МО | <u></u> | | | | | | | | | | |

APPENDIX

| 1 | 2 | | 3 | | | 4 | | | 5 |
|-------|------------------------|--|---|----------------------|---|-----------------------------|---------------------------------------|-----|----|
| | to non-a- investor: | I to sell ccredited s in State I-Item1) | Type of security and aggregate offering price offered in State (Part C-Item1) | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | | | |
| | 1 | | | Number of Accredited | | Number of Non-Accredited | | | |
| State | Yes | No | | Investors | Amount | Investors | Amount | Yes | No |
| MT | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | ļ |
| NH | <u> </u> | | | <u> </u> | | | | | |
| NJ | | | | | | | | - | |
| NM | | | - | | | | | , | |
| NY | | х | LP Interests | 9 | \$3,149,181 | | | | X |
| NC | | | | | | | | | |
| ND | | | | | | | | | |
| ОН | | | | | | | | | |
| ок | | | | | | | | | |
| OR | | | . <u>-</u> | | | | | | |
| PA | | X | LP Interests | 2 | \$400,000 | | · · · · · · · · · · · · · · · · · · · | | х |
| RI | | | | | | | | | |
| sc | | | | | | : | | | |
| SD | | | | | | | | | |
| TN | | | | | | | | | |
| TX | | | | | | | | | |
| UT | | | | | | | | | |
| VT | | | | | | | | | |
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| WA | | | | | | | | | |
| wv | | | | - | | | | | |
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| PR | | - | | | | a | ND | | |